

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITIO. | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | BE | 897 | 04-12-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

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If more than 150 claims or 10 actions
staple additional sheet here

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